

FILED FEB 24 1942
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Registration District No.

Primary Registration District No. 100 3

Registrar's No. 881

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community 34 years
years, months or days)

3. (a) PRINT FULL NAME Miles Flewellen

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race Cot 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mae Flewellen 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years about 64 Months Days If less than one day hr. min.

9. Birthplace Luck Home Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business none

12. Name Miles Flewellen

13. Birthplace Luck Home Ark. (City, town, or county) (State or foreign country)

14. Maiden name Edwanda Flewellen

15. Birthplace Luck Home Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Mae Flewellen

(b) Address 3134 Delmar

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-28-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Church

18. (a) Signature of funeral director Pinckney Jones

(b) Address 3129 Lafayette Ave.

19. (a) 1941-28-15 (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3134 Delmar (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23, year 1942 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from January 7, 1942, to January 23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease with decompensation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)

Address 2681 ... Date signed 1/28/42

Not Embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.